DOCUMENT RESUME

ED 194 646 UD 020 853

AUTHOR Murphy, Ruth
TITLE Wisconsin Minority Sensitivity Workshop: Proceedings.
INSTITUTION Wisconsin State Dept. of Health and Social Services, Madison.
PUB DATE Sep 79
NOTE 116p.: Proceedings of the Wisconsin Minority Sensitivity Workshop (Milwaukee, WI, May 30-31, 1979).

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Civil Rights; Cultural Differences; Developmental Disabilities; *Economically Disadvantaged; Family (Sociological Unit); Mental Retardation; *Minority Groups; Postsecondary Education; Professional Development; Racial Bias; Social Agencies; *Social Services; *Workshops

ABSTRACT

The first part of this report was designed to describe the techniques used to develop a minority sensitivity workshop program. The section attempts to assist in the development of programs for professionals (and students) who plan and provide services for minority, low-income, and developmentally disabled consumers. The second part of the report presents the papers prepared for the Wisconsin Sensitivity Workshop held in 1979. The 17 papers presented focus on four themes: legal rights and advocacy, cultural similarities and differences, recognizing and handling prejudice, and outreach to minority families. (Author/MK)

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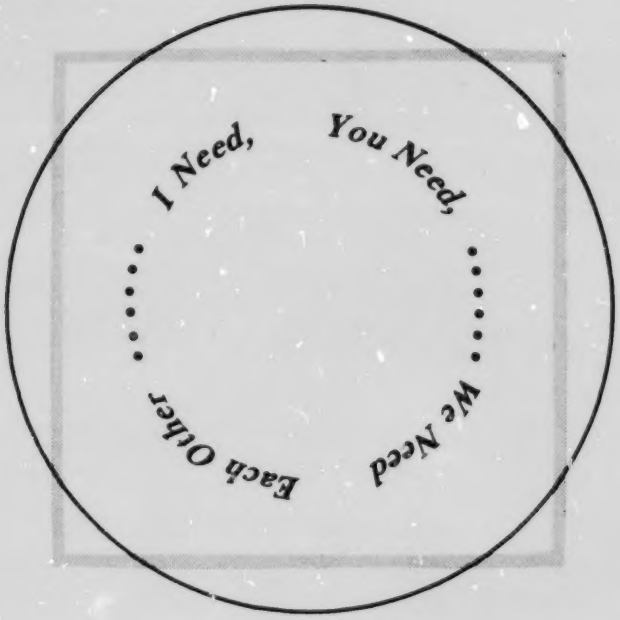
WISCONSIN MINORITY SENSITIVITY WORKSHOP

Proceedings



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September 1979

ED020853

WISCONSIN MINORITY SENSITIVITY WORKSHOP

PROCEEDINGS

RUTH MURPHY

This report is funded by the Wisconsin Council
on Developmental Disabilities under P.L. 94-103
and the Division of Community Services (Title XX)

JUL 29 1980

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Acknowledgement

I (Ruth Murphy, Training Officer) wish to acknowledge my sincere gratitude to all of the state and local agencies, organizations, and individual participants who made this project possible. The Council extends its appreciation and support to the following individuals.

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INTRODUCTION

This report is designed to delineate the techniques used to develop the Wisconsin Minority Sensitivity Workshop, which was held in Milwaukee, Wisconsin on May 30-31, 1979. The report will discuss the proceedings from the Workshop.

The Committee that guided the development and the implementation of this workshop recognizes that the techniques that were utilized in organizing this workshop may not work for all persons planning similiar workshops. However, it is important to share views regarding the purposes of the workshop, the procedure used in the selection of the workshop topics and the role of the consumers and agency personnel in the planning and the implementation of the workshop.

The information in this report will be useful for individuals planning services for minority and low-income consumers (administrators and supervisors); for those providing direct services to minority and low-income consumers (counselors, teachers, first-line supervisors, social workers, intake workers and receptionists); for those planning to work with minority and low-income consumers (students) and for minority and low-income persons who want to know some of the problems other consumers have had in obtaining services.

DEVELOPING THE WORKSHOP FORMAT

By

Ruth Murphy

The impetus for developing and implementing the Wisconsin Minority Sensitivity Workshop came from the study "Why Minority Individuals With Developmental Disabilities Drop Out of the Service Delivery System," done by this author in 1978. There was much planning involved in organizing the workshop. This was done by a staff person with the Wisconsin Council on Developmental Disabilities, by the parents of children with developmental disabilities and by minority and majority persons representing agencies, organizations, and schools that provide services to minority persons who have developmental disabilities. The persons involved in the planning comprised the Wisconsin Minority Workshop Planning Committee.

The goals of the Wisconsin Minority Sensitivity Workshop were to increase the level of understanding and the sensitivity of personnel working in the field of developmental disabilities to the special needs of consumers who are a minority (Black, Native American, Hispanic and Asian) and who have a developmental disability, and to improve the communication between the provider personnel and the consumer. The workshop had this focus because of the concern for the continued low level of minority consumer participation in the developmental disability service system at the local level and the continued lack of professional understanding and involvement in providing adequate services to minority consumers

at the state and local levels.

Specifically, the objectives of this workshop were: 1) to provide inservice training for staff of provider agencies on the needs of minority consumers with developmental disabilities; 2) to begin two-way communication between consumers and providers by assuring that consumers were involved in the planning of the workshop, that consumers were presenters at the workshop and that consumers received information through participation in the workshop.

The planning committee focused on the major objective of improving the level and quality of service provided to minority consumers with a developmental disability and/or their parents or guardians. Resources which the committee used to select topics for the workshop included the study, "Why Minority Individuals With Developmental Disabilities Drop Out of the Service Delivery System"; "A Nationwide Study to Identify and Evaluate the Quality and Quantity of Minority Participation in the Developmental Disabilities Movement"; a preliminary summary and a survey that was sent to the Division of Community Services Regional and Area Administrators to identify their training needs.

It is important to note that it was no easy task narrowing down the topics to the four final ones. The committee decided on the following topics because of their relevance to the community and to direct services. The topics were:

1. Legal Rights and Advocacy
2. Cultural Similarities and Differences
3. Recognizing and Handling Prejudice
4. Outreach to Minority Families

After the selection of the workshop topics, the committee was confronted with the decision on how best to design the workshop format so that it would be beneficial to both service provider personnel and consumers. The solution was to have both groups give presentations. Consequently, a tie between both groups presenting had to be defined in order to give some coherence to the presentations. Therefore, in developing the workshop, the persons receiving the services as well as the persons providing the services were viewed as being handicapped in not knowing the needs, concerns and problems of each other. As a result of this view, the theme of the workshop was "I need, you need, we need each other."

Several other issues were raised. The committee discussed the fact that often the first person to see the consumer represents the agency and affects the consumer's view of the agency from that point on; therefore, the first contact must convey a genuine interest in the consumer and his/her problems. The first contact person should be able to assist the consumers in a relaxing, calm and assuring manner. This person, who could be a receptionist, a secretary, a clerk or another worker, should be aware that no problem or person is routine. Every problem is unique and has its own little twist.

The committee also realized that there was a need for consumers to take a good look at themselves through the eyes of persons providing services for them and to see how cultural backgrounds and prejudices affect the service delivery system, often creating barriers for them that are no fault of their own. Consumers also need to know what rights they have.

Recognizing the importance of these two issues - the image displayed by the first contact person and the need for minority persons to hear some of the problems professionals see in providing services to them -- the committee designed and implemented the Wisconsin Minority Sensitivity Workshop focusing on information the contact person should know in order to better serve the Minority consumers and information that would be beneficial for the consumer and/or their parents or guardians to know when they seek services.

It was recommended that agency representatives base their presentations on actual experiences they have had in providing services to minority consumers with developmental disabilities; that is, they would deal with the problems, needs and frustrations of providing services to minority consumers form an agency perspective using their own experience as the substance of the discussion.

Minority consumers were requested to develop their presentations based on the experience they have had in obtaining services from the delivery system. Like the provider agency personnel, minority consumers would focus on their needs, their problems and their frustrations in seeking and obtaining services. They were also requested to suggest ways the agencies might improve the delivery of services.

The committee realized that having two different groups giving presentations at the same time could create some problems. The first concern that the committee had was the possibility some information would overlap or that needed information would not be covered by the presenters. The second concern was the possibility that the target groups - consumers and providers would not be represented at the workshop.

To address these concerns, a sub-committee was formed to develop a content outline of the individual workshop sessions so that the presenters would have a guide to follow while developing their presentation. It was not necessary for the presenters to include all of the information in the outline, but they were encouraged to follow the outline very closely in developing their presentations. The presenters were also given a chart of the workshop and a description of how each workshop should operate.

A second committee was formed to contact provider agencies, to explain the purpose of the workshop and to request the attendance of representatives from their staff. The agencies were also asked to allow the staff person who attended time off from work and to pay their expenses. The agencies were very willing to allow their staff time off to attend the workshop. Some of the administrative personnel thought that the workshop was meeting one of their unmet needs.

The committee was also concerned about assuring the attendance of minority consumers and/or their parents or guardians at the workshop. The possibility of provider agencies and voluntary agencies hiring consumers to participate in the workshop was explored. None of the agencies did this but some agencies did pay the registration fee and travel expenses for consumers served by their agency.

It is instructive to know that having the first contact persons and the consumers and/or their parents or guardians attend the workshop as presenters and participants was very important and necessary to fulfill the goals of the workshop. Because directing the workshop at two groups was a new adventure, a facilitator and a recorder were added to each session. The facilitator was responsible for keeping the session moving smoothly and for asking pertinent questions to the

audience and the panel of presenters in order to stimulate discussion on ways to meet the needs of the agency as well as the minority consumers and/or their parents or guardians. The recorder took notes of the discussion, so there would be a record available to use in developing an action plan during the final session of the workshop.

There were problems in obtaining presenters for the workshop. Staff persons representing agencies feared that their remarks might be perceived as coming from the agency he/she was currently working for. For example, if negative statements were made concerning the service delivery system, would these statements be misinterpreted as the individual's own opinions or as agency policy? Equally important, many of the clients participating in the workshop as presenters feared that their services would be cut-off if they spoke up, or that they would be unalbe to obtain services in the future because they were labeled as trouble-makers.

Moreover, it was difficult to secure minority consumers as presenters because some believed they would do a poor job. Some had very little self-confidence. To remedy this, members of the planning committee or their counselors (if they had one) were assigned to work with the consumers in developing and giving their presentations. They worked with the consumers in whatever areas the consumers need help to prepare them for the workshop. The committee members and the counselors also worked to boost the confidence of the consumers.

There were also problems in getting minority consumers and/or their parents or guardians to attend the workshop. First, many minority persons do not see attending a workshop as a priority. They do not want to hear and be involved in

discussion concerning needs without some definite planning to meet their own needs. For some persons it might be an inconvenience for them to attend. Some might need transportation, a babysitter, translation and other services before considering attending a workshop. Many of the consumers might feel uncomfortable attending and making a contribution when a staff member from the provider agency they use are attending. Nevertheless, it was very important to bring the two populations together. Every effort was made to provide transportation and to meet other needs for consumer participants. Both service providers and consumers needed to gain knowledge and understanding from the workshop. But both groups were uncomfortable in the beginning. However, there can be a real breakthrough and there was in the Wisconsin Minority Sensitivity Workshop. In this workshop, the participants were urged to surrender their defenses, to discuss their concerns and to make recommendations in a non-threatening atmosphere. Positive communication by both groups on how to best meet the needs of the consumers and providers can and should lead to improved delivery of services to the consumers and improved reception of services by consumers.

WEDNESDAY, MAY 30, 1979

8:30 Registration

9:00 Welcome
Ruth Murphy, Council on Developmental Disabilities

9:10 Introduction of Keynote Speaker
Angela Armstead, Consumer

9:15 Keynote Speaker
Dr. William Malloy, Assistant Superintendent for the Division of Exceptional Education and Supportive Services, Milwaukee Public Schools

9:40 Break

10:00-
11:35 Workshops

Legal Rights and Advocacy
- Jim Loersch, United Cerebral Palsy, Milwaukee
- Gloria Marquardt, Legal Action of Wisconsin, Inc., Milwaukee
- Judy Jasper, Citizen Advocacy, Milwaukee
- Gladys Corbit, Division of Community Services-DHSS, Madison
- Cherrie Richardson, Parent, Milwaukee

Facilitator - Jesse Nixon, Ph.D., Dane County Community Services Board, Madison
Recorder - Fred Poulsen, Racine County Human Services Board, Racine

Cultural Similarities and Differences
- Judi Riddle, Division of Community Services-DHSS, Madison
- Jessie Bowie, III, Ph.D., Parent, Milwaukee
- Arlinda Moralez, Consumer, Milwaukee
- Charlene Smith, Milwaukee Indian Health Board, Milwaukee
- Angela Armstead, Consumer, Milwaukee

Facilitator - Robert Murphy, Ph.D., Wisconsin Coalition for Advocacy, Inc., Madison
Recorder - Pickens Winters, Division of Community Services, DHSS, Madison

Recognizing and Handling Prejudice
- Barbara Tellier, Goodwill Industries, Inc., Milwaukee
- Marlene Cummings, Madison Public Schools, Madison
- Lloyd Jackson, Racine Public Schools, Racine
- Ken Smith, Consumer, Milwaukee

Facilitator - Judy McGuire, Council on Developmental Disabilities, Madison

Outreach to Minority Families
- Marie James, Division of Equal Rights-DILHR, Milwaukee
- Kwame Salter, Head Start, Madison
- Kathy Simpson, Parent, Milwaukee

Facilitator - John Enriquez, Job Service-DILHR, Milwaukee
Recorder - Michael VandenBrook, Ph.D., Division of Corrections, DHSS, Madison

11:30-12:45	Lunch
12:45-4:05	Workshops Repeated
2:15	Break
2:35-4:05	Workshop Repeated
4:15-5:30	Cracker Barrel Session

THURSDAY MAY 31, 1979

9:00-10:30 Workshops Repeated

Legal Rights and Advocacy
- Jim Loersch, United Cerebral Palsy, Milwaukee
- Gloria Marquardt, Legal Action of Wisconsin, Inc., Milwaukee
- Judy Jasper, Citizen Advocacy, Milwaukee
- Gladys Corbit, Division of Community Services-DHSS, Madison
- Cherrie Richardson, Parent, Milwaukee

Facilitator - Jesse Nixon, Ph.D., Dane County Community Services Board, Madison
Recorder - Fred Poulsen, Racine County Human Services Board, Racine

Cultural Similarities and Differences
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- Kwame Salter, Head Start, Madison
- Kathy Simpson, Parent, Milwaukee

Facilitator - John Enriquez, Job Service-DILHR, Milwaukee
Recorder - Michael VandenBrook, Ph.D., Division of Corrections, DHSS, Madison

10:30 How Disabled/Handicapped Persons Can Talk With the Council and the State
- Jayn Wittenmyer, Executive Director, Council on Developmental Disabilities, Madison
- Paul Keys, Deputy Administrator, Division of Community Services-DHSS, Madison

10:50 Break

11:20 Reports: Zeroing in on an Action Plan

Closing Remarks - Paul Keys

Evaluation

WORKSHOP PROGRAM

INCREASING THE LEVEL OF SIGNIFICANT PARTICIPATION OF MINORITIES IN THE SERVICE DELIVERY SYSTEM FOR THE DEVELOPMENTALLY DISABLED

BY

WILLIAM MALLOY, PH.D.

One of the major objectives of this conference is eventually to increase the participation of minorities in the developmental disabilities service delivery system. The objective of increased participation could be misconstrued to be counter to the current movement to reduce the disproportionate numbers of minority students in educable mentally retarded programs. However, if one closely scrutinizes the data in the report, "Why Minority Individuals With Developmental Disabilities Drop Out of the Service System," it becomes glaringly apparent that the focus of the report is upon improving services for minority individuals who are legitimately developmentally disabled and not those individuals who have been unjustifiably mislabeled.

Most of us should be aware that our society has not always been kind to what Bragnisky & Braginsky, in their book Hansels and Gretels, have termed as surplus people. Surplus people are those individuals that our society heretofore has not known exactly what to do with. Examples of surplus people would be the impoverished, the developmentally disabled, and the individuals of minority group status. If society is not geared to, or does not desire to address the needs of these individual groups, can you imagine what it must be like to be a developmentally disabled minority with low socio-economic background? Obviously, with three strikes against such an individual, it is likely that many of his or her attempts to participate in the mainstream have been thwarted.

The objectives of my presentation are:

1. To focus on increasing the level of significant participation of minorities in the service delivery system for the developmental disabilities.

2. To focus on increasing the level of understanding and sensitivity of professionals to the needs of minority individuals with developmental disabilities.

I will try to accomplish the objectives by focusing my remarks on several areas:

1. Understanding the current plight of the minority handicapped necessitates brief historical perspective of how handicapped individuals in general were dealt with in the past.

2. Depicting the philosophies and characteristics that structure the communication process between individuals who deliver and consume services for the developmentally disabled.

Historically, the handicapped have been treated in a number of ways according to Wolfensberger in his book, "The Origin and Nature of Institutional Models." He states that:

1. Individuals with handicaps were destroyed. In the past, certain categories of handicaps were seen as the work of the devil. As such, the handicapped person was also perceived as evil and was thus destroyed to protect society.

2. Often, handicapped individuals were perceived as frightening, and thus were segregated from society. This segregation took place in institutions which were momuments of degradation and shame.

3. Handicapping conditions can be made non-handicapping via education, training, and treatment. This type of treatment emphasizes tolerance.

4. Advocating for a better view of handicapping conditions can be achieved by not attaching a negative value to certain types of differences.

Role perceptions of the handicapped were often quite congruent with the treatment of such individuals. In fact, the role perceptions of the handicapped often formed the bedrock for their treatment. For instance, viewing the handicapped person as sick, a subhuman organism, a menace, was in concert with the extinction and segregation models of treatment. The perception of handicapped as capable of growth, development and learning, regardless of the severity of the handicapping condition, is congruent with the advocacy model of treatment.

Obviously, the historical perceptions and treatment of the handicapped were primarily of the segregation and toleration nature with very limited leaning toward advocacy. It is my sincere belief that the current perceptions of those serving the developmentally disabled minorities tend to still favor the segregation and toleration perceptions that were so prevalent in the past. I shall now try to support my supposition by dissecting the current philosophy subscribed to by service providers interacting with minorities with developmental handicaps.

We, the service providers, have the awesome responsibility of trying to determine who should move from dependency to independency. The extent to which we decide how many minority individuals who are developmentally handicapped should become dependent is a function of our perceptions of how we should treat the handicapped. I submit that many of us still display a very tolerant attitude toward minority individuals with developmental handicaps that are in contact with the service system. Consequently, we validate their existence by trying to train and educate them, but we do not consider them our equals. This tolerant attitude motivates us to set up treatment programs that are segregationist in nature and thus designed to keep individuals dependent rather than independent. Actually, providing services to handicapped individuals that keep them dependent is done often in the interest of self preservation. We must bear in mind that our society is built around serving surplus people. We have a multimillion dollar industry centered around serving surplus people in general and the minority individual with developmental disabilities specifically. Consequently, to strive to make developmentally disabled individuals independent would reduce the surplus and then put our jobs in jeopardy.

It must be stressed that the philosophy of tolerance is not only displayed by whites who maintain the boundary but also by minorities who have a middle class orientation. Minority handicapped individuals will attest to the fact that often their distrust in the service delivery system has been spawned by negative contacts with minorities who are a part of the service delivery system.

Now let us review the philosophy that minority handicapped consumers ascribe to in their interactions with service providers. Perhaps the most succinct encapsulation of the philosophy of minorities toward the service delivery system

is found in the passage taken from the book Black Rage by Grier & Cobbs. "For his own survival, then, (a black man in America) must develop a cultural paranoia in which every white man is a potential enemy unless proved otherwise, and every social system is set against him unless he personally finds out differently."

This passage clearly depicts the paranoia that many minorities have toward the service delivery system. Minorities have developed this paranoia, and rightfully so, as a self protective device to offset the common practice of blaming the victim. Frank Ryan, in his book, Blaming the Victim, points out that most programs designed to aid the less fortunate are founded upon delivering services to individuals in a post-victimized state. For example, we offer community health and vocational services to developmentally disabled minorities, but often from a charitable rather than an inalienable right perspective.

What is at the crux of this paranoia is the notion that minorities must take time to understand the system, while the system does not require its representatives to understand the cultural backgrounds of the minority handicapped. Please do not misunderstand me. The service providers' training enables them to understand the social, emotional, and physical aspects of developmental disabilities, but has not sensitized them to the cultural backgrounds of minority group handicapped individuals. Dr. Donald K. Cheek, in his book Assertive Black, Puzzled White, indicates that Black, Native Americans, Asians, and Spanish-speaking individuals are upset and indignant with the lack of sensitivity displayed by white personnel who work with non-white clients and who possess limited knowledge or appreciation of their client's cultural backgrounds.

Cultural variables must be considered in diagnosing and treating the minority individual with developmental handicaps. If we are to reduce the number of minority individuals with developmental handicaps who drop out of the service delivery system, then we must restructure various methods used to administer services to minorities with handicaps.

In regard to reviewing and restructuring diagnostic and treatment programs, most of us should agree that our methods for administering services to the developmentally disabled frequently mirror the middle class values of the service providers without any consideration for cultural variables. Lack of attention to cultural variables reinforces the feelings that the minority handicapped are second class citizens. Perhaps one of the reasons why the melting pot theory has been difficult to implement is because it requires minorities to divest themselves of their cultural experiences and give total dedication to the Euro-American way of life. Recent polarization of race, partly due to desegregation, supports my contention.

In order to further facilitate the communications process, the black experience must be legitimized. To this end, a two-way communications process must be developed between consumer and service provider that is based upon mutual respect for their cultural backgrounds. In order to improve the communications, it must be clearly understood what the minority consumer and service provider bring to the communications process.

The minority handicapped individual approaches the service delivery system with a handicap and a cultural and low socio-economic background that relegates that person to a second class situation. In addition, according to Dr. Cheek (1975), the minority client may also exhibit some of the following characteristics:

1. Cultural paranoia

2. A lack of loyalty to white institutions

3. Conflict on whether to talk "white" or "black"

4. An alertness to preferential treatment given to whites

Conversely, the service provider generally has a middle class orientation and tends to emphasize how the client can be molded into the system rather than how the system can serve the client. Also, representatives of the service delivery system often exhibit a tolerant attitude that is a function of their continued need to display their raison d'etre within the service delivery system. Dr. Cheek (1975) points out that the service provider also tends to bring the following characteristics to the communications process:

1. Lack of preparation for dealing with the minority client's high resistance to self-disclosure.

2. General unawareness of the real world of minorities in which race, social barriers, and survival have a high priority.

It is incumbent upon the service providers to understand what they, as well as the minority handicapped clients, bring to the communications process which may serve as a barrier to the positive communications. I sincerely believe that having a technical understanding of a minority individual's handicapping condition is not enough; there must also be a sincere understanding of the cultural and

socio-economic variables which affect the lives of minority handicapped individuals.

This conference is designed to give service providers and service consumers an opportunity to jointly explore issues related to the improvement of services for minority handicapped individuals. In order for the conference to be truly a success, participants must be willing to surrender their defenses so that an action plan can be developed in a non-threatening atmosphere.

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LEGAL RIGHTS AND ADVOCACY

From Home, to School, to Institution

by

Cherrie Richardson

Today I am going to talk with you about my twins Critting (Tina) Marie Richardson and Christopher (Chris) Roy Richardson. The twins were born seven months premature on September 2, 1972 at the Milwaukee County Hospital in Wauwatosa, Wisconsin. Because of their weight at birth, (Christopher weighed 3 lbs. 4 oz., and Tina weiged 3 lb. 12 oz.), they had to remain in the hospital until their weight reached 5 lbs. For them this meant they had to remain in the hospital for 5 weeks. Once home, however, there was no rest for the twins nor me. We were confronted with many doctors and hospital appointments.

At first it was very hard on me trying to care for two small babies. It was especially difficult and upsetting when one of the doctors informed me that both Chris and Tina were semi-retarded. What can a mother say? What can a mother do? It was really hard for me, the understanding and the acceptance of a given fact. Nevertheless, I wanted my twins to take advantage of every opportunity available to them, therefore I enrolled them in Penfield Children's Center at the age of 14 months where they remained until the age of 5. After their stay at Penfield, they entered the Milwaukee Public School system. Tina was enrolled in the exceptional education program at McKinley and Chris was enrolled in the exceptional education program at McDowell. The twins were very happy in their new schools.

Because of the decrease in enrollment, McKinley school, was closed. Tina was placed at Granatosa. According to the M-Team staff, Tina was improving in all areas of the program that she was assigned to. But for some reason she was not happy at Granatosa. Therefore, she was always trying to leave home to go back to McKinley by herself. Tina does not talk very well and as a result she was unable to communicate to others when they asked questions. The people in the community meant well, but they thought she was lost when they saw her walking alone. She would not answer them and they called the policeman. The policeman saw her walking alone a couple of times and brought her back home. Then one day the policemen saw her in the park behind the house and thought she was lost. They took her down to the police station and called protective services. They encouraged protective services to get a court order to take Tina to court so that they could remove her (Tina) from her home. According to the policeman, Tina was a danger to herself and to the other children in the park.

Everything happened so fast after the policeman picked Tina up at the playground. A court order was issued. We went to court on November 6, 1978. Tina was removed from my home on November 7, 1978. I was not given an opportunity to tell Tina and her brothers what was going to happen. It was just terrible the way things happen. I was not even given a chance to appeal the decision. Tina is my child, but I was not given an opportunity to say anything concerning the decision made. I actually felt as if I had no rights at all.

Tina was placed in a Developmental Training Center for one year. According to the authorities, she would be able to come home for weekends and holidays. But they refused to let her come home for Easter. I called my attorney and expressed

my concerns. He talked with the personnel at the Developmental Training Center and encouraged them to let me bring her home for Mother's Day weekend. She was very happy at home with me and the other children. We had a real good time.

Now I have on-ground visitation rights whenever I want and Tina is allowed to come home once a month and holidays. All of this was accomplished with the help of my attorney.

Nevertheless, there are still problems. When Tina was placed in the Developmental Training Center, I was told that transportation would be provided for me to see her. As of this day, the transportation has not been provided. If I want to see my child, I must pay someone $10.00 to $15.00 to take me to see my child. That is a lot of money that I need to spend on my other children at home.

The personnel also told me that they would call me once every week to let me know how she is doing, but they have not done that. If I at least could hear something, that would be a big help to me.

In addition to the above mentioned problem, Tina's hair was cut without my permission or any other family member after she had been in the Developmental Training Center for three months. As you can see, I have no rights at all where my own child is concerned.

So much has happened to my family. But after all this, I don't have any hard feelings against anyone, "only love."

Cherrie Richardson Family - Need for a Program Plan

by James Loersch

Cherrie Richardson's experience illustrates the problems that arise when a breakdown in communication occurs between a consumer and social service agencies. It is obvious from Ms. Richardson's presentation that she was not included in the planning for her child. As she stated when her daughter wandered away from school the police picked her up, child protective service was contacted and a court hearing was scheduled to state her position in court but she was not recognized by the judge. The child was placed at the Developmental Training Center. Ms. Richardson was assured by the court that transportation would be arranged for her to visit her daughter. This plan was never implemented. Ms. Richardson is invited to participate in staffing at the center; however, she feels totally overwhelmed at these conferences. At the conference each professional discipline discusses its goals for the child as well as her progress. Very often these presentations are very technical, as a result Ms. Richardson leaves the conference very confused. Neither the care plan or the child's progress is discussed with Ms. Richardson in terminology she can understand.

Ms. Richardson's primary goal is to have her child back home, or, if residential placement is necessary, she would like to have her child placed in a facility closer to her home where she could visit frequently. As she stated, Ms. Richardson can see no reason for the child's placement. She was only told that the child is a potential danger to herself or another person. This determination made by the court was not clarified for Ms. Richardson. Ms. Richardson's only recourse at this point is to request a change of court-appointed attorneys, a request she

made and was granted. Her hope is that this new attorney, after reviewing the records, will be able to obtain the information Ms. Richardson has tried to obtain.

The problems encountered by Ms. Richardson could be greatly minimized or eliminated if a comprehensive social service plan had been developed. A key element of a social service plan is the involvement of the consumer in its development and implementation. Continuity of care is also very important in a social service plan. Continuity of care means that as an individual progresses from one program to another there is communication between programs relative to goals and progress made by an individual in a previous program. As a result of continuity of planning the consumer does not get the feeling that he is being dumped from one program to another. A case manager should always be identified whose primary responsibility is to coordinate services and facilitate communication between agencies serving a consumer at any given time. Without an appointed individual coordinating a social service plan communication is destined to break down.

In Ms. Richardson's situation, the initial social service plan should have been developed when the child was a patient in the High Risk Nursery at Milwaukee County General Hospital and the High Risk Clinic at Milwaukee Children's Hospital. This plan would be the basis on which a new plan would be developed for the child at Penfield Children's' Center. The same procedure would be followed when the child turned three years of age and entered the Milwaukee public school system. A case manager should have been identified whose major responsibility would have been to work closely with Ms. Richardson as well as other agencies providing service to the family. The case manager's primary responsibility to Ms. Richardson is to make sure that she is a participant in the planning process

for her daughter. It would also be the responsibility of the case manager to clarify any aspect of the social service plan that might be confusing to her. A case manager would have been crucial in assisting Ms. Richardson through the protective service court process.

A primary goal of residential treatment is the return of an individual to his family. Therefore, it would be very important to include Ms. Richardson in the planning process at the facility, Developmental Training Center. Problem areas as well as goals should be clearly explained to Ms. Richardson. It should be clarified to her what progress the staff is expecting before the child can be returned home. Home visits should be encouraged. These visits should be carefully planned with Ms. Richardson.

A citizen advocate, a program which Judy Jasper will discuss, could be of great help to Ms. Richardson. It is very important that a consumer be aware of his rights when he is involved with the social service delivery system. A consumer must also recognize when his rights are being violated. In Ms. Richardson's situation the assistance of an advocate could have been of great benefit to her. It is obvious that at no point was Ms. Richardson informed of her rights as a parent.

In summary, many of the problems and frustrations Ms. Richardson experienced could have been minimized had a comprehensive social service plan been developed. Her involvement in the development and execution of this plan is essential. It is obvious from her presentation that she has not been included in any planning. As a parent, Ms. Richardson does have rights, which in this case appear to have been violated.

The Importance of Advocacy

by

Judy Jasper

When people hear the word advocacy, they very often begin to raise their guard. They immediately begin to close their minds to what the advocate is saying because they picture the advocate as both militant and an enemy. The advocate can, however, be an asset, by opening communications between the consumer and the service system.

As systems grow into large structured bureaucracies, they sometimes lose sight of the individuals they were created to serve. They develop their own language and create masses of paperwork and red tape. The consumer is stereotyped and numbered and is no longer seen as an individual. Some systems have begun to recognize this problem and have created a position known as the "System Advocate."

The "System Advocate" works within the system to advocate for the consumers of that system. The creation of advocates within the system is a step forward. It indicates a realization that consumers are individuals and often need help in dealing effectively with the systems. It does, however, have limitations. The biggest limitation is the advocate is part of the system he/she is advocating against. The question must be raised: "If a major problem is present between the consumer and the system, when does the advocate being part of the system interfere with advocating for the individual?"

The ideal advocate is the self-advocate. This is a consumer who can advocate for him/her self. This requires a knowledge of the service system, the rights of the consumer and the ability to use that knowledge. Limitations are created by the attitude of the system toward the consumer. Many people become so caught up in the system they begin to take the language and procedures for granted and forget that the consumer does not understand this language. They therefore often do not explain to the consumer what the language means or all the procedures required.

Another problem is stereotyping. The consumer may be perceived as not being able to understand the procedures and are, therefore, ushered through the system without any explanation of what is being done and why. This process can lead to many problems for the consumer. Twenty years ago a person who was mentally retarded was automatically thought to be better off in an institution and a person with cerebral palsy was considered to be mentally retarded because they were not able to communicate effectively. Today many of the misconceptions of the past have been proven wrong. But the fact remains, there are still a number of stereotyping beliefs present in relationship to disability, race, sex, religion and other factors which may significantly affect the services to the consumer.

Today it is believed that a disabled person can achieve more by learning to function in a normalized fashion. This is called the normalization principle. It does not mean that all people are expected to act just alike. There is a wide range of behaviors which are acceptable to society. As long as an individual functions within this range he/she is allowed to remain in the community. By living in the community and with help where needed, many developmentally disabled

persons can learn to function within this range of acceptable behavior. Here an advocate can be of help to the person.

An advocate is more often a person outside the service system advocating with and for the consumer. This person can be a relative, a representative of an organization interested in a particular area or a volunteer who is interested in the individual consumer or the area of disability the consumer may have. One program which is based on this principal is the Citizen Advocacy Program.

The Citizen Advocacy Program is a program which recruits volunteers from the community to work on a one-to-one basis with a person who has a developmental disability. They help the individual learn to live effectively in the community as well as advocate for better services.

It is important to remember the advocate's primary interest is in getting needed services for the individual. Many times this can be accomplished simply by helping the service system and the individual better communicate. Often when dealing with the service system the consumer becomes overwhelmed by the paperwork, questions and attitude of its representative. They may forget to give vital information and ask the proper questions. In many cases there are other services available which the individual may be eligible for, but not aware of. At other times, valuable information is not given because the individual does not wish to reveal information which he/she feel is not needed or personal. This same information may make the difference in the person receiving the service or not.

The primary function of an advocate is to be aware of the services available and the eligibility requirements. The advocate can, therefore, act as an advisor to

the individual seeking services. They can help both the service system and the consumer bring out needed information and the reasons the information is needed. With an advocate present, the individual may feel less alienated and overwhelmed. They can prompt the individual to ask needed questions and can ask questions which will help to clarify information and remind the service system's representative everyone does not understand the system language which may be used.

Advocacy organizations like the Citizen Advocacy Program have a number of problems which must be overcome in order to be more effective. The biggest problem is funding. The advocacy programs must fight for the same monies as the service systems. Too much time is spent trying to maintain funding. This time and energy could better be used advocating for the individual who needs services.

Another problem, especially when working with volunteers, is overcoming the myths and misconceptions the public has about developmental disabilities. People are hesitant to get involved in an area which they know nothing about. Advocacy efforts must, therefore, go to educating the public to what is myth and what is fact.

Much can be gained by the service system, the advocate and the consumer working together. It is only when the service system is not receptive to the individual and his/her needs, or becomes so rigid that services are not being provided, that the advocate must become an adversary. They must then work to change and improve the system to better serve the individuals they were created to serve.

The function of the advocate is to work with the consumer to get better services. This entails a number of things: 1) knowledge of the service systems and eligibility

requirements, 2) knowledge of present and proposed changes in this system, 3) educating the public to the facts of the disability, 4) teaching the individual who uses the services and his family how they can better utilize the service system themselves, 5) making sure the consumer has all the facts needed to obtain proper services and 6) helping the service system and the consumer better communicate.

Legal Rights of Developmentally Disabled Persons

by

Gloria Marquardt, Attorney

Theoretically, laws apply equally to all persons - disabled and non-disabled alike. For example, it is a crime for anyone to steal a car; all tenants have the same rights to receive a proper eviction notice; and each adult is entitled to exercise her/his civil rights unless she/he is under a guardianship. Of course we all know that laws are not applied equally in practice. Disabled persons must frequently fight for the rights that others take for granted. They face discriminatory practices by employers, physicians may refuse to accept their consent to medical treatment and they may be unjustly prevented from voting.

State and federal legislatures have been recognizing the inequitable treatment faced by developmentally disabled persons and have passed significant pieces of legislation over the last several years. Some legislation in effect at the present time prohibits discrimination against developmentally disabled persons, other legislation requires that recipients of federal monies take affirmative steps to assist disabled persons by legislation. I plan to use the Rehabilitation Act of 1973 as the focus of my discussion. In addition, I will briefly discuss financial benefits programs such as Supplemental Security Income, Medical Assistance (Title XIX) and the Hill-Burton Act.

I would like to point out at this time that you have several pages in your written materials which are excerpts from a handbook published by Legal Action

of Wisconsin called The Rights of Developmentally Disabled Persons. As I talk about some of the rights you should refer to the appropriate pages.

The Rehabilitation Act of 1973 is a very major piece of legislation passed by Congress. The law has the potential, if fully implemented, of providing significant opportunities to developmentally disabled persons. It has been referred to as the first federal civil rights law protecting the rights of handicapped persons, and it reflects a national commitment to end discrimination on the basis of handicap. In order for a law to even begin to be implemented in practice, federal regulations are written by the federal agency administering the law. It was not until May of 1977 that the Department of Health, Education and Welfare (HEW) published the final regulations implementing s. 504 of the Rehabilitation Act. s. 504 is the section which states:

> No otherwise qualified handicapped person shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

The HEW regulations apply to federal monies administered by HEW. Other agencies such as HUD and DOT have enacted similar regulations.

The regulations are lengthy and detailed. Anyone who plans to act as an advocate for developmentally disabled persons should become familiar with them. The regulations cover (1) employment practices, (2) program accessibility, (3) education from pre-school through post-secondary education and (4) health,

welfare and social services. I will now briefly describe what the regulations require in each major area. I will make reference to other legislation governing an area when appropriate.

Employment. Employers who receive federal funds are prohibited from discriminating against handicapped individuals in any aspect of employment, including but not limited to recruitment, hiring, promotions, job assignments, fringe benefits and termination from employment. No employer shall utilize criteria which tend to screen out handicapped persons. Any test used to make employment decisions must be job related. No pre-employment inquiries can be made regarding whether a person has a handicap unless the employer is implementing an affirmative action program. The employer may make inquiries regarding the applicant's ability to perform the specific job related functions but should not ask any questions regarding the applicant's medical condition per se.

I want to point out at this time that the Wisconsin Statutes also govern employment practices. The relevant provision is described in your handout. Section 111.32 of the Wisconsin Statutes prohibits discrimination against handicapped persons in many aspects of employment. As you will note in the handout, the Wisconsin Equal Rights Division enforces the law.

Program Accessibility. The regulations require that programs receiving federal assistance such as schools, health, social services and rehabilitation agencies must make reasonable accommodations to ensure that disabled people have access to the program. The steps which must be taken by specific types of agencies are outlined in the regulations. Not every physical facility housing a program has to be readily accessible. Alternative methods of providing accessibility

are acceptable in some facilities. If questions arise regarding whether a particular recipient of federal funds is in compliance with the federal regulations regarding physical accessibility, one should begin by carefully reading the regulations.

Again as I noted in the employment area, Wisconsin has laws regarding physical access by disabled persons. Please read your handout for information about the Wisconsin laws regarding curbs, places of public accommodation, housing and mass transportation.

The law governing places of public accommodation defines which buildings are covered and what specific requirements must be met. Any public buildings or place of employment (except for a few which are exempt) constructed after May, 1976, must be accessible to disabled persons. Accessibility includes the ability to enter, circulate within and leave a building, to use the toilet facilities and the elevators.

Education. The third area governed by s. 504 regulations is education from pre-school through post-secondary education. The regulations require that all recipients of federal monies which operate an elementary and secondary education program must provide a free appropriate public education to each handicapped person regardless of the severity of her/his handicap. That education must be developed and provided in accordance with the Education of All Handicapped Children Act of 1975, which is another major piece of federal legislation which has great impact on the lives of developmentally disabled persons. The regulations implementing the Education of All Handicapped Children Act are very complex and would require a considerable amount of time to discuss them. I strongly advise

anyone concerned about education issues to read both the s. 504 of the Rehabilitation Act regulations and the Education of All Handicapped Children regulations.

State laws and Administrative Code regulations also govern the right to education. These are found in Chapter 115 of the Wisconsin Statutes and s. 11 of the Public Instruction section of the Administrative Code. At times, the state and federal laws and regulations differ in what they require. As a general rule, the requirement which is most protective of a developmentally disabled person's rights take precedence.

Having a working knowledge of the both federal and state laws is vital for anyone acting as an advocate. It is especially important to become well acquainted with the due process rights accorded to parents and their children. The laws delineate in detail the process which must be followed by both parents and the schools whenever disputes occur as to whether the mandates of the law are being followed properly.

Health, Welfare and Social Services. The fourth area covered by s. 504 of the regulations are health, welfare and social services. Agencies administering those types of programs which receive federal money cannot deny a qualified handicapped person the right to participate in the program based on her/his handicap. Benefits or services provided to qualified handicapped persons must be as effective as those provided to non-handicapped persons. A recipient which employs 15 or more persons shall provide appropriate auxiliary aids to persons with impaired sensory, manual or speaking skills to afford such persons an equal opportunity to benefit from the service.

All the rights guaranteed by s. 504 regulation are protected by the inclusion of specific due process procedures in the regulations. Written complaints are filed within 180 days of the alleged discrimination with the regional Office of Civil Rights. That office conducts an investigation of the allegations made in the complaint. The Office of Civil Rights has the authority to issue orders to a recipient of federal monies to correct any non-compliance found to exist. In extreme cases federal monies could be suspended or terminated.

Public Benefits Programs. Developmentally disabled persons who are unable to support themselves via employment may be eligible for federal public benefits programs such as Social Security, Supplemental Security Income (SSI), Medical Assistance and Hill-Burton hospital coverage. Each program has its own eligibility requirements. Social Security and SSI are monthly income programs. The Medical Assistance and Hill-Burton programs pay for medical services. Only low-income persons are eligible for SSI, Medical Assistance and Hill-Burton while Social Security is based on an individual's employment record.

In the handout the SSI, Medical Assistance and Hill-Burton programs are discussed in some detail. Because SSI is probably the benefits program for which developmentally disabled persons apply the most frequently, I will briefly discuss that program. It should be noted that an individual who receives SSI automatically receives Medical Assistance. In order to qualify for SSI benefits, an individual must meet financial eligibility guidelines which are quite stringent in addition to meeting the disability standard defined by the Social Security Administration. That standard defines a disabled person as one who is unable to engage in substantial gainful activity. An applicant must submit evidence with her/his application to prove she/he is disabled. The evidence may include medical,

psychological, psychiatric, vocational, and/or social services information. Generally the reason persons are denied SSI is because the Social Service Administration (SSA) is not convinced that the evidence proves the applicant is unable to engage in substantial gainful activity. As the handout states there are stages of appeals of which an applicant should take advantage. An applicant who is denied benefits at the Initial Determination should request a Reconsideration. If she/he is denied at the Reconsideration she/he should request a hearing before the Administrative Law Judge. Unless the applicant's case is quite weak a hearing should always be requested. Many prior denials are reversed at this stage. An applicant can represent him/herself, be represented by a lay advocate or an attorney at the hearing. It is important that applicants and their advocates pay close attention to the time periods in which they must file appeals.

I want to summarize my presentation by emphasizing that although there have been federal and state laws enacted which protect developmentally disabled persons from discrimination and which provide special opportunities aimed at remedying some of the inequitable treatment faced by developmentally disabled persons, those laws are merely words on paper unless people work actively to see that laws are fully implemented. Developmentally disabled individuals, lay and legal advocates, and persons working in the various service delivery systems must work together in order to establish a system which has rid itself of the prejudices against developmentally disabled individuals.

LEGAL RIGHTS AND ADVOCACY PANEL SUMMARY

By

Jessie Nixon, Ph.D.

The main theme of the Legal Rights and Advocacy Panel focused on how the "system" apparently violated client rights as well as parental rights in the court ordered placement of a child in a residential treatment facility.

Panel members individually responded to the dilemma/frustrations of the parent by explaining the use/role of advocacy, legal rights, and social service case management techniques in such cases. Consensus was reached on the following issues:

1. The "system" violated client rights (child) and ignored parental rights during the court actions.

2. It should be possible for the "system" to intervene at birth (high-risk children) and establish a case management plan that will follow the "child" and family thru the critical life stages.

3. That the family should have an advocate who can assist the family in dealing with the "system" or "systems."

4. Clear and legally open communication and cooperation between all parties is a key factor in the establishment of an appropriate case management plan for the client and family.

5. There are specific federal and state laws which govern client rights and parental rights. Everyone should be advised of those rights and use these rights to achieve a satisfactory resolution to the problem. To accomplish such may involve changing attorneys or suing a party to achieve the desired goal.

6. Community education plays an important role in providing service direction for both handicapped persons and their families.

Summarily, a responsive and responsible "service system" depends upon the clarity of communication and cooperation between all service components within the system.

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CULTURAL SIMILARITIES AND DIFFERENCES

Cultural Similarities and Differences

from a Clerical Perspective

by

Judi Riddle

I am here as a clerical representative of a state agency of the Department of Health & Social Services, specifically the Division of Community Services. This Division is legislatively responsible for an array of social services including services to developmentally disabled, mentally ill, alcoholics, drug abusers, and aged clients throughout Wisconsin.

One job I had was working as admission clerk in one of Wisconsin's mental institutions - Mendota. In this position, I had to deal with clients and their families from many cultures. I learned through a "hit and miss" system to deal with the client and families as humans who wanted or needed services or some information.

Other clerical workers like myself need the kind of information we are learning at this workshop to know why people from other cultures than their own may act or react the way they do. This kind of information would make agency workers able to do a better job dealing with persons from different cultures and minorities.

The clerical worker or receptionist in many instances is the initial contact and has a great deal of influence in the reaction the client has to your agency and many times affects whether he or she ever comes back. If an agency has a large number of clients of a certain culture, it could be very helpful to that agency to hire someone from that culture who would understand. But if that is not possible then some training in cultural similarities and differences should be made available.

Cultural Similarities and Differences of the Hispanic Community

by

Arlinda Moralez

Good morning! It is my responsibility to talk with you about the Hispanic culture. My qualifications are that I am of Hispanic decent. I am active in the Hispanic community. I supervise my father's household and I have a bachelor's degree in Psychology from the University of Wisconsin in Milwuakee.

In the Hispanic community, the family is the strongest unit. Most members of the family are very close to each other, and often call upon each other for help. This applies not only to the immediate family but also to the extended family members. The opinions of these people are often considered very important in the decision-making process. I mention this because often the intake worker and counselor will have to deal with the whole family when giving services to a Hispanic person.

The father in the Hispanic family is the ultimate authority. His role is that of the provider, and most of the major decisions affecting the future of the household are made by him.

The business of the family and the operation of the household are the mother's role. Hers is the traditional role of the woman in the home, cook, child care, and so on. It is also her job to teach the children a sense of pride in themselves and the community and respect for elders. It is also her job to see that the children receive the proper religious instruction. Religion being a very important

aspect of Hispanic life. All of this adds up to a very difficult job, especially when she has to deal with a very large family, as is the case in the homes of a large number of Hispanics.

The children are taught to respect their elders, as I mentioned before, and in this culture, this extends not only to the parents and older people outside the family but also to the older brothers and sisters. The older siblings might have to share in the care of the younger children and therefore must be obeyed as well.

In most families, the eldest son is more respected than the eldest girl, no matter who is the first born. This is due to the idea that the boy will one day take on the duty of a father and therefore he should be treated with respect. The boys are also freer than the girls to do as they wish.

The girls are expected to follow in their mothers' footsteps. They are not told that they should choose a career for themselves; that is a new concept in the hispanic community, although many women have already. In this respect many women are going through a clash with the Hispanic culture. I, myself, have gone through this in recent years. Women are allowed to go on to college to further their education, but the idea of having a career is not considered. The traditional career for Hispanic women has always been the home.

On the whole, the Hispanic family has always taken care of their own. It is not often that you will find a Hispanic person in a nursing home or an institution unless that person has no family here in the area, or their needs are just too great for the family to meet. When someone mentions the idea of seeking help

for a child or a person who is disabled in some way, the first thing to come to mind is having that person put in an institution. This implies that the family has failed in some way to provide for one of their members. That is the last thing that anyone wants to admit.

Many times when people do seek help, they will drop out of the service system because of a lack of understanding of the problem on the part of the providers and the amount of time needed to deal with the problem on the part of the consumer. Often the father will have to take off work and the mother will have to leave the other children. This becomes very difficult for the family to deal with.

The language barrier, the lack of sufficient skills in English, is a problem that invades every aspect of Hispanic life. Spanish is a uniting factor in the community. It is an easily identifiable trait. Most older people in the community either do not speak English well or do not speak it at all. Therefore it is necessary to communicate with them, because it is the older people who are the ones that are sought out for advice.

In terms of education, when a Hispanic child starts school, many times the only language that the child knows is Spanish. So not only does the child have to learn the basics of reading, writing and arithmetic but he/she also has to learn a new language. He/she also has to adapt to new concepts of accepted behaviors. For example, a Hispanic child may not look another person in the eyes, because that kind of eye to eye contact is considered an act of defiance.

With the constantly changing flow of migrant and new Hispanics to America each year, many children don't get the opportunity to take part in a bilingual program

in the schools. The concentration of these programs is on the elementary school level. In the high schools, a historical background of Latin America is taught. This is good for instilling pride in one's heritage, nevertheless, it also tends to instill a militancy in the young people which is not acceptable behavior in the community. I also found speaking to some people involved in recruiting Hispanics for colleges that the high school programs do not prepare the student for college. Vocational skills are stressed, and academics are passed over. Most students do not think about college for monetary reasons. They can't afford to spend four years or more in college. There is also a lack of role models.

In the area of employment, Hispanic Americans are sometimes passed over for jobs because of the lack of skills in English. They can not read the application form well enough to fill it out correctly, or they can't speak English well enough to talk to a personnel officer. Often times they will take someone with them to act as interpreter. This also leaves a bad impression on the possible employer. So if the person is hired he is given a job with little or no room for advancement.

There is a distrust among Hispanic people of the agencies offering services outside of the Hispanic community. The Spanish Center on 6th and National Avenue surveyed the community to find families in need of services for the developmentally disabled. They found 180 families in need of these services and referred them to the Jewish Vocational Services. How many went for these services is not known. What is known is that if these services were offered by a community center they would be used. The Spanish Center did submit a proposal for such a program on their premises but were told that there was no money for

it. It is up to the existing agencies to go into the community in order to reach the people who need them. If the people will not go to the services, then the services must go to them. The service givers must learn to deal with the leaders of the Hispanic community in order to reach its people.

Native American View

by

Charlene H. Smith

Personal Introduction: speaking as a cultural representative of the Oneida tribe, and speaking from the professional perspective as a registered nurse working in an Indian clinic, the Milwaukee Indian Health Center.

I. Myth versus Reality:

A. All Native American people do not display stoic behaviorisms.

B. Native Americans are treated as T.V. or movie Indian stereotypes i.e., as ignorant, slow, belligerent, or that all "Indians" are the same kind.

C. Various tribal differences:

1. Group differences - primarily in Wisconsin there exists Menominees, Potawanomies, Oneidas, Chippewas and Winnebagos.

2. Political processes and authority positions are fulfilled according to matriarchical or patriarchical dominance of tribal structure.

3. Religious practices differ - although several universal beliefs exists i.e., NATURE is the superior being and every living creation has a spirit.

4. Physical appearances differ according to tribal origins.

II. Cultural Peculiarities in Self-Image Development and Maintenance.

A. Characteristics in the tribal culture:

1. Reinforcing factors are usually fostered by maternal forces. Several reasons for female-headed households are:

a. death of spouse; wish to remain widowed

b. separation and/or disease

c. female desiring to remain single

d. absentee father, making periodic appearances.

2. Respect is given to family members, as they are consulted for major decision-making situations.

3. Prevalent existence of extended families living in one household - usually one authority source.

4. It is customary to seek personal gratification and comfort in the family environment.

5. Additional consultation is also considered with a spiritual advisor or medicine man.

   a. Strong religious beliefs are integrated with an awareness of NATURE and natural forces.

   b. Negative results can occur if you work against natural forces.

B. Reinforcing factors of the Non-Tribal culture:

1. Native American people are reluctant to change to a behavior that is not familiar to them, even with persistent persuasion.

2. You have to prove the worth or value of your program; if the people realize or recognize what is offered, then it's possible for change to occur.

C. Effects of a developmentally disabled individual present in the family.

1. The first response of the family is to deal with the concern themselves; to treat the handicapped person at home.

2. Handicapped persons are not considered outcasts or burdens; they are maintained in the family set-up as normally as possible.

3. There are usually multiple psychosocioeconomic problems of the family that need to be resolved or at least recognized, before agency assistance can focus on individual needs of the disabled person.

III. Factors that Cause Communication Barriers.

A. Attitudes, Sterotypes, and Prejudices

1. Difficult communications can be further hindered by mutual negative preconceptions.

2. Due to previous unfavorable or unpleasant agency encounters, the family/individual is reluctant to pursue the same course twice.

3. There are noticeable high rates of "late-comers" and "no-shows".

a. there is no strict adherence to a schedule, travel on "Indian time."

b. "I'll get there eventually, be happy to see me when I'm there."

c. no strict concepts of time-live in the present-usually not future oriented.

4. Clients maintain casual attitude toward keeping appointments, i.e., they will not always call to cancel or reschedule appointments, will reshow as "walk-ins."

5. Social or family events will hold priority over many other obligations-this includes keeping appointments.

6. Events may also be seasonal, so you may lose clients when they return "home" to the reservations.

B. Social Organization.

1. Due to previously mentioned circumstances, many families are headed by the mothers, who are the major care providers.

2. Prevalent existence of extended families with one "Tower of Power"

3. Agency representatives will usually encounter several family members at meetings.

C. Patterns of Thought

1. Take time to establish rapport-may take several meetings to do this.

2. Long sessions may be considered "time-consuming" by services that are regulated to provide assistance to a percent of clients, regardless of the case complications.

3. Native American people are "thinkers" and may hesitate in decision making, until they are comfortable with suggestions or intended plans.

4. If dissatisfaction occurs, the Native American will leave your service without a reason or explanation for their departure - they just go away.

D. Language

1. Take time to explain, especially when extended time or money is involved - this financial burden may cause excess stress.

2. It is customary not to assume a very serious attitude too early in a relationship.

3. Take time for mutual introductions.

4. Casual, joking conversation should precede "business" matters.

5. Subtle, joking responses are a form of agreement or disapproval.

6. Explain in basic terms - define technicalities. Do not assume client knows everything.

E. Non-Verbal Expressions

1. Posture may indicate a "no-care" or unaccepting attitude, but it can also denote a cautious behavioral response.

2. Fairly quiet - will allow other verbose individuals to speak for them.

3. Minimal eye contact with provider of service i.e., this is a show of respect, not ignorance or non-acceptance.

4. Respectful eye contacts are made directly with the same sex person, i.e., Male-Male or Female-Female.

RECOMMENDATIONS: TO SERVICE PROVIDERS:

1. Take time to become acquainted.

2. Provide support and encouragement - Native Americans do not freely seek assistance when necessary.

3. Outreach service should be done at individual's home - most comfortable in own environment.

4. Before concerns of the disabled person can be properly addressed sometimes other problems, e.g. financial, social, transportation, housing, etc. need to be resolved.

5. Be sincere and honest in what your services can provide i.e., do not overextend yourself or make promised that will be easily broken.

6. Native Americans are not impressed with empty promises -- they are not acceptable.

Personal Experiences of a Consumer

by

Angela Armstead

I was a junior in high school (7th grade) when I had my first seizure. My doctor told me that he thought I had epilepsy. After a series of tests like electroencephalogram (EEG), electrocardiograph (EKG), and soon, it was confirmed that I had epilepsy. I asked myself, why me. I found no real answers, but I knew that it was not the end of the world and that life must go on. In other words, I was ready to deal with my disability.

As I continued with my education, I had a few understanding teachers who were willing to help me in any way possible. Nevertheless, there were others who were not as sensitive. As a matter of fact, I actually had to have a seizure in one of my teachers classroom before the teacher would believe I had epilepsy.

Having that seizure in the classroom was really disturbing for me. I did not want my teacher and classmates to see me having a seizure. After that seizure there was always the constant fear that I would have another one at school. As a result of that concern, my progress in school began to decease and I finally lost interest all together.

The fact that I could not talk with some of my teachers about my disability was very disturbing to me. Some of them told me that I looked okay to them and they did not think anything was wrong with me.

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To me the teachers were showing a negative attitude and their ignorance. I say ignorance because anytime you look at a person on the outside and diagnosis that there is nothing wrong with a person just because she/he is not missing a leg or an arm. As a result of the attitude the teachers were displaying, I felt as if the teachers were telling me that they had no time for my problems because they were there to teach.

There are many other things that happened to me while I was in school, including my fight with the administration, but I will not discuss them at this time.

Nevertheless, I found most people to be very kind and helpful. For example, some of my family and friends wanted to know what to do if I had a seizure. In addition, if there was some type of sport that I could not participate in, they would get together and do something where I could participate. My mother was especially helpful to me and she is still there when I need her.

My mother was very concerned about my not getting an education, therefore she referred me to DVR where I received vocational and educational counseling and training. As a result of the very nice people I met at DVR, I received the training I needed to get a job.

Thank you.

Self-Image and Cross Cultural Communication

by

Jessie Bowie, Ph.D.

One of the crucial problems faced by professionals operating in the urban environment today is that of how to deal with the poor urban adult client whose self-image is deemed to be so low as to impair other faculties necessary for entering into the mainstream of American life and/or the human service delivery system.

The literature contains some studies which describe attempts to measure self-image among poor urban adults, these studies having dealt primarily with Black Americans (Pilusik, 1972). Findings have generally indicated low Black self-concept compared to that of White subjects (Gordon, 1976).

However, few if any viable strategies have been developed for elevating such low self-concepts.

Clarification of Concepts and Terms

For the purpose of this study, self-concept refers to the organized cognitive structure derived from one's experience of his or her own self. As McDavid (1968) has explained:

The self-concept tends to be self-sustaining. Once evolved, it tends to be self-perpetuating. Once evolved, it tends to guide selectively the admission of new experiences or new information into this conceptual category.

Cooley (1902) and Mead (1933) earlier asserted that self-concept arises out of one's reaction to and interaction with other people.

Other researchers have identified and studied dual conceptions of self held among subjects (Haigh, 1951; Bills, 1951; and Cowen, 1955), comparing an "ideal self" with a "real self."

Idealistic Self-Concept, for the purpose of this discussion, is an evaluation of self in terms of how an individual would ideally like to feel about self in interaction with the society at large.

Realistic Self-Concept, for the purpose of this discussion, is an evaluation of self in terms of how an individual feels he or she reacts to and interacts with the familiar real life situation.

The self-concept is said to begin with an individual's view of himself as he believes himself to be viewed by important persons in his life (Mead, 1933). It is further formed in reaction to an interaction with others (Cooley, 1902 and Mead, 1933) and is sustained through a process of "cognitive rigidity" (McDavid, 1968).

Racial self-identification develops in and among children at an early age (Lasker, 1929 and Minard, 1931) and is subject to parental influence only to the extent

that children see in their parents "traits which are examplary for them" (Jourard, 1957, p. 378). Self-concept development for a child then represents the evolution of a personal identity which is validated through the evaluations of "significant others." Since "Whites are the dominant and significant others" in American society, validation of the personal identities formed by Black children is not forthcoming (Banks, 1972, pp. 7-8).

The primary reason cited for refusal by Whites to validate Black identity is said to be racism, resulting in deflated self-concepts among Black children (Arnaz, 1972). Since racial attitudes are persistent over time (Bogardus, 1958), Black adults are perceived as harboring the same deflated self-concepts which they are said to have formed as children.

While research indicates White college students in past years have held negative racial stereotypes of Black people (Katz and Braly, 1933), other research found Black college students holding the same (with some exceptions) negative stereotypes of their fellow Blacks (Bayton, 1941). This would seem to indicate that Black college students (at least as of 1941 and perhaps unknowingly) contributed to the perpetuation of a mutually supporting system of negatively stereotyping Black people, thereby contributing to White racism.

If, however, Pugh (1972) was correct in his psychological assessment of the Black Revolution of the late 1960's indicating Black people experienced "...the relatively sudden emergence of changed attitudes and behavior resulting from a reintegration of a sense of self...," it would appear that at least two factors should (by 1979) have operated toward closing the Black/White self-concept gap. First of all, the lessening of Black contributions to White racism in the form

of Blacks-sterotyping-Blacks coupled with the development of new positive attitudes, values and behaviors should have resulted in some replacement of White "significant others" with Black "significant others" who presumably could then validate the personal identities of Black people.

The second factor which logically should have operated in recent years toward closing the Black/White self-concept gap is the decreasing tendency of White college students to stereotype Blacks (Gilbert, 1951) with its implications for reducing White racism. After all, these White college students can be expected to impact the lives of numerous Black children and adults as they take their positions in our White dominated social, political and governmental institutions.

Numerous events have ensued since the 1960's which can logically be expected to positively impact the self-concepts of Black Americans. Among these are a 275 percent increase in Black college students between 1966 and 1976 (Neill, 1978), desegregation of public accommodations and notably desegregation of many of the public school systems. Despite this progress, a vast array of seemingly new and troublesome events are openly surfacing. It is widely known that many middle-class persons (mostly White) have either left the cities and/or enrolled their offspring in private schools since integration of many large public school systems. This movement to suburban areas seriously erodes the tax base of the inner city. To make matters worse, there has been an increasing willingness of middle-class Americans to support tax revolts such as California's Proposition Thirteen seemingly without regard to the negative consequences which such laws hold for financing the city's schools (Leischuk, 1978) attended by the poor.

Another curious turn of events has been "the band-wagon effect" among state legislatures in passing minimum competency or "student accountability laws" in

the past four years. This trend started in Florida where a parent brought suit against a school system, alleging her daughter's inability to read although she was a graduate of the local high school. In four short years, such laws spread to thirty-three states, none of which made teachers (in addition to students) accountable and only some made available funds for remedial education (Pipho, 1978).

According to Glass (1978), 45 percent of all junior high students in the state of Florida (all ethnic groups included) failed to pass the math portion of the state's minimum competency examination, a requirement for high school graduation. However, "Only 6 percent of the juniors at Jacksonville's overwhelmingly Black Stanton High School passed the math section." The message from middle-class controlled institutions of Florida to the poor is clear: If you can't come into an educational setting which I have designed (based on my attitudes, values and beliefs), respond to my methods (no matter how inappropriate), and pass my exams (at cut-off scores which I have arbitrarily chosen), I will severely limit your already limited future job and educational possibilities.

These new and troublesome events are not replete with the racially antagonistic overtones which characterized many institutionalized racist initiatives of the pre-1960's. Nor are these events directed primarily toward members of a defined race. Upon close inspection, however, they appear to reflect a more subtle and insidious (though more socially acceptable) form of oppression, that being oppression of the poor as a social class.

Recognition of the tendency of higher classes to treat lower classes and Black people in the same manner is not new. Rodman (1964) summed up this situation stating:

> Stereotypes that are used about the lower classes such as obscene, dirty, loud, lazy, promiscuous, happy and irresponsible, are also used about Negroes.

The implication is that poor people of all ethnic groups presently share a great deal in common in relation to the formation and maintenance of their self-concepts.

A review of literature regarding the self-concepts of poor Americans shows that studies have primarily concentrated on Blacks despite U.S. Census data which shows there are more than two poor Whites for each poor Black person in the United States. Pilisuk (1972) says of this research trend:

> Poverty for most middle-class Americans is associated with the Black, the Chicano, the Puerto Rican and the Indian. The most vivid portrayals of poverty in novels and in the media have been set mainly in Black Ghettos.
>
> It would appear that the social interactions between advantaged and disadvantaged classes of all ethnic groups would produce similar effects in self-concept formation and maintenance despite the problem of racial prejudice.

A number of studies reported during the past fifty years have demonstrated that the differences between Black and White self-concept are minimal, e.g., Sims and Patrick (1934), Eagleson (1938), Sunne (1925), Oldham (1935), Bartee (1967) and Roth (1961). In contrast, other research evidence indicates wide differences between White and Black self-concepts emphasizing the prevalence of a lower self-concept among Black Americans, e.g., Kardiner

and Ovesey (1951), Grambs (1965), Cobbs and Grier (1968) and Grossack (1957).

Recognizing the conflicting findings of researchers on the topic of Black self-concept, Gordon (1976) conducted a major critique of the methodologies of Black self-concept research and cited a number of trends. She found low Black self-concept in relation to that of Whites is linked to the following factors:

a. Age of the subjects. ("Almost one-half of the studies have focused upon preschool and elementary school age children."

b. Technique used in the research. ("We note, for example, that when the Forced Choice Identification Technique is used, in 81 percent of these studies over the total time period 1939-1973 find lower self-concept for Black respondents. This may be contrasted to only 44 percent findings of low self-concept for the same time frame when the Self-Concept Scale Technique is used."

c. The geographic region in which the studies were conducted. ("The Southeastern and Northeastern regions together account for over three-fourths of the studies." This issue is further complicated by the findings of "...a decrease in frequency of reports of low self-concept among Blacks of the Southeastern as opposed to the Northeastern geographical regions."

d. The time at which the research was conducted. ("Few studies are reporting low self-concept as we move forward in time."

Other explanations of the discrepancies in research findings of differences between Black and White self-concept have been advanced. McClain (1967) cites "the rise of militancy among Southern Negroes in the Civil Rights Movement" and is supported by Gore (1963), who found sharp differences between Black activists and those Black students less willing to participate in protest actions.

Despite research pointing toward race as a focal point for explaining low self-concept among Black people, evidence is mounting to the effect that social class is a better predictor among teachers and students both Black and White. This perspective is demonstrated in the works of Samuels (1975), Durley (1974), Moses (1976), Frerichs (1971), Trowbridge (1971), White (1973) and Tehan (1969). Lewis (1971) has identified over fifty "traits" which he uses to characterize "the culture of poverty" and alleges these cross not only racial and ethnic boundaries but also cut across national borders, even when there exists no racial discrimination.

Gans (1968) has gone so far as to state:

> The only proper research perspective is to look at the poor as an economically and politically deprived population whose behavior, values and pathologies are adaptations to their existential situation, just as the behavior, values and pathologies of the affluent are adaptations to their existential situation.

Further impetus for studying the poor in terms of their membership in the same social class (as opposed to their different races) is advanced by Rodman (1963) in his explanation of what he terms "the lower-class value stretch:"

> By the value stretch I mean that the lower-class person, without abandoning the general values of the society, develops an alternative set of values. Without abandoning the values placed upon success, such as high income and high educational and occupational achievement, he stretches the values so that lesser degrees of success also become desirable. Without abandoning the values of marriage and legitimate childbirth, he stretches these values so that a non legal union and legally illegimate children are also desirable. The result is that the members of the lower class, in many areas, have a wider range of values than others within the society. They share the general values of the society with members of other classes, but in addition, they have stretched these values, or developed alternative values, which help them to adjust to their deprived circumstances.

In support of dual sets of values supporting dual sets of behavior among the poor, Boggs (1974) contends:

> Low-status persons divide their world into the <u>good life</u>, including ideas about what ought to be and <u>our life</u>, which spells out how things really are and the strategies of behavior called for under such circumstances.

If, as writers suggest, poor people hold one set of values and behavior pertaining to <u>the good life</u> or life in the larger society and another different set of values and behavior which pertain to <u>our life</u> as it exists in the poverty situation, it can be logically concluded that poor people also hold dual conceptions of self; an idealistic self-concept which relates to the larger, more affluent society and a realistic self-concept which is related to the poverty life situation.

If these two conceptions of self are significantly related to one's views of poverty versus the more affluent social classes, we may note the distinct possibility of conflict in research findings in cases where researchers assume: (a) a global self-concept among members of the poverty class, or (b) comparability between members of poverty and affluent classes.

It is therefore clear that in order to make valid comparisons between self-concepts of members of the Black and White races that these subjects have been determined to be members of the same social class.

A majority of the adult self-concept studies have compared the self-concepts of Black and White college students. These studies generally report little or no information which could be used to determine if the subjects are of the same social class.

Cross-Cultural Communication

It would appear that many of the communication problems faced by professionals and clients are due to the very conditions of socialization which exist in American society. Notable among our institutions is the public school system.

Numerous researchers have offered explanations as to why our public schools have such a differential effect on our young citizens, particularly poor Blacks.

One such explanation offered by Riessman (1962) is as follows:

> The American public school is a curious hybrid: it is managed by a school board drawn largely from upper class circles; it is taught by teachers from

middle class backgrounds; and it is attended mainly by children from working class homes. These three groups do not talk the same language.

Viewing this cross-class communications dilemma, Blank (1968) concluded:

> In effect, standard materials, which invariably are based on middle-class norms, expectations, symbolism and experiences, speak a foreign language to the slum child...whatever materials and media are employed must be appropriate to the learners.

It would appear that the failure of many programs of education aimed at impacting the attitudes of poverty class subjects very likely reflect ineffective cross-class or cross-cultural communication.

The simplest and most obvious way out of this dilemma would appear to be "cultural pairing" of professionals and clients. This notion is bolstered by research which indicates Black experimenters are more effective in facilitating the performance of cognitive tasks by Black subjects (and at times White subjects) than are their White counterparts, e.g., Kennedy and Vega (1965), Katz, et al. (1968), Gahagon, et al. (1969) and Berger and Tedeschi (1969).

Calnek (1970) lists five problems faced by White professionals which he alleges impede their effectiveness in dealing with Black clients:

1. Their frequent misinterpretation of characteristic Black folkways and caste motivated behavior as psychopathology.

2. Their lack of conceptualization of that which is psychopathological and that which is normal in Afro-American and in the day-to-day relationship of Blacks with Whites.

3. Their traditional inability to point up the context of Afro-American lifestyles.

4. Their inability to conceptualize the problems encountered and the hopes for progress in a close relationship between a Black worker and a Black client.

5. Their dismissal of the Black community's definitions of "coping with" and "adapting to" a pathological ghetto environment.

Black professionals are not without their problems. Research indicates there are two separate and distinct sets of problems faced by the Black professional; one set encountered in dealing with other Black clients and another set of problems dealing with White clients.

Calnek (1970) states:

> Black therapists who work with Black clients have an unusual burden, for they have to deal with both their own feelings and the feelings of their clients about being Black.

Furthermore, as Black professionals climb the ladder of status, they "tend to distance themselves from and relinquish links with those of their own racial community" (Parker and Kleiner, 1964).

In summary, quoting Grier and Cobbs (1968):

> The values of middle-class and lower-class Blacks differ as do those of their White counterparts. And there are important differences in terms of cultural lifestyles and historical experience. (p. 87)

If these writers are correct in their assessments, a fundamental question arises; who shall validate the personal identities of the poor and how can this be accomplished? It would appear that the more highly educated and affluent classes are in an excellent position to take the initiative in finding answers.

The results of recent research (Bowie, 1979) do, however, point to some patterns of response to communication which appear to be peculiar to race. An example of this is the finding that the lecture-discussion method of instruction resulted in significant positive changes in the realistic self-concepts of White subjects but failed to evidence these same changes in Black subjects.

Another example is the significant, positive effects of the audio-visual aids discussion method on the idealistic self-concepts of Black subjects with no significant effect on these measures for White subjects. These findings would seem to confirm Blank's (1968) argument that many of the methods, materials and media used in classrooms serving poverty class students are not "appropriate to the learners."

Significant differences found between Black and White subjects on measures of idealistic self-concept (during both pre-and post-treatment) are attributed to race specific patterns of interaction of poverty class subjects with the larger society.

While the poor White subject lives under most of the same frustrating conditions as his Black counterpart, his whiteness facilitates freedom of movement through the various social strata. Because of the poor White subject's lack of identifying characteristics such as skin color and hair texture, these poverty class subjects are able to maintain a generally smooth relationship with the larger society (Pilisuk, 1972).

When we consider the fact that American institutions are (with few exceptions) dominated by members of the poor White subjects's own race, we may see that these subjects should logically feel more positive toward the larger society than can be expected of poor Blacks.

The poor Black subject, on the other hand, can be easily identified and the potential for rejection by the larger society's representatives becomes exponential.

Proponents of the Black self-derogation hypothesis would have us believe this situation fosters self-depreciation. It is however, here contended that differences between Black and White idealistic self-concept are not due to self-derogation by Black subjects, but instead reflect the shabby real-life relationships between poor Black subjects and the larger society.

This writer, therefore, contends that the situation of poor Blacks in the larger society fosters negative feelings toward the larger society (instead of self) and are reflected in low scores on idealistic self-concept measures.

This writer has concluded that many difficulties encountered in cross-cultural communication between middle class professionals and the poor do not reflect a

lower (global) self-concept of this latter group but rather the poverty class citizen's (particularly Black citizens) past experiences of disdain and rejection by higher classes.

One important question should in conclusion be addressed to middle class professionals: Should you (with your higher levels of education and affluence) really expect the poor, uneducated and often rejected, poverty-class citizen to know better than yourself how to improve relations between classes and cultures?

Think about it.

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Summary

by

Robert Murphy, Ph.D.

Cultural differences and similarities as they impact on clients and provider agencies was the focus of this workshop. More specifically, the cultural differences and similarities between ethnic groups who are confronted with a disability was a focal point of discussion. Five presenters addressed the issue from their individual perspectives.

The first presenter, Ms. Arlinda Moralez, a consumer, discussed specific characteristics of the Hispanic family. Ms. Moralez indicated that if realistic efforts was to be made in assisting Hispanic consumers with a disability, a keen knowledge of the characteristics of the Hispanic family is required. Some of the more salient characteristics presented were: a) respect for elders, especially the father who is viewed and respected as the final authority in the family, b) the females in a family is given less respect than males, c) the mother's and daughter's role are one of submission to the father and eldest son, d) the mother's role is primarily one of being housewife and caring for the children, e) Hispanic families are closely knit, which makes it a uniting factor, f) little or no direct eye contact is made because it is viewed as a lack of respect. Ms. Moralez contends that these aforementioned characteristics must be known and taken into account when working with Hispanic individuals who have a disability.

Ms. Angela Armstead was the second presenter. She described what it was like to be a minority consumer with a disability. Ms. Armstead indicated that she received little assistance from teachers, but got much support from her family and friends. She stressed the importance of teachers and counselors being more sensitive to the needs of the minority consumer, especially the black consumer. Ms. Armstead revealed how she had great difficulty convincing teachers and counselors that she had a disability, and that she was also intelligent.

Characteristics of the Native American family were presented by Ms. Charlene Smith who is employed in a provider agency. Significantly, the characteristics of the Hispanic cultural and the Native American culture are similar, especially concerning the custom of little or no direct eye contact and the closeness of the family members. The two cultures differ also. Noticeably, in the Native American family the mother is the dominant person whereas in the Hispanic family the father is the dominant figure. Native Americans are quiet in nature, but this does not indicate a lack of intelligence as viewed by some. Moreover, Ms. Smith indicated the extended family is the norm rather than the exception. Additionally, Native Americans have a different concept of time as compared to the majority of Americans. Ms. Smith indicated that this must be taken into consideration by provider agencies, especially if they expect to do an effective job of assisting the Native American consumer. Also, the tribe from which a native American comes is of paramount importance as is the practice of religion.

Judi Riddle, a clerical representative with the Department of Health and Social Services, talked about one job that she had as an admission clerk in one of the mental institutions. She indicated that she had to deal with clients and their

families from different cultures and that she learned through a "hit and miss" system to deal with the clients and families as humans who wanted or needed services or some information. Ms. Riddle indicated a need for inservice training that would enable the clerical personnel to better serve minority and developmentally disabled clients.

Dr. Jesse Bowie presented information relative to self-image and self-concept. The important point to be made is that according to Dr. Bowie, majority individuals have one self-concept whereas minority individuals have two self-concepts. Moreover, he indicates that the data from his study demonstrates that white Americans have more of a global self-image whereas minority and low-income individuals have basically two self-concepts: one concept is that from the family's perspective and the other is the perspective held by others. Additionally, Dr. Bowie indicated that self-image or self-concept is correlated with employment regardless of economic status; for example, when a person is working he/she is more apt to have a positive self-image as compared to the individual who is not working and the non-working person more or less has a negative self-image. Dr. Bowie emphasized the fact that since a large percentage of minorities and disabled individuals are unemployed, the tendency for a number of provider agencies is to quickly assume that minorities and the disabled person have a negative self-image. This type of assumption must be eliminated according to Dr. Bowie.

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RECOGNIZING AND HANDLING PREJUDICE

Working With Clients

by

Barbara Tellier

I have been an intake worker with Goodwill Industries for 10 years. During that time I have interviewed several thousand prospective clients of all the developmental disabilities and background.

People are generally uncomfortable when they seek services. Many times they do not know what will be expected of them or even if they will receive the services. For some minority persons, coming to Goodwill is very uncomfortable because it is located in the Northeast section of Milwaukee. Therefore, I feel that one of my jobs is to try to establish an atmosphere that is comfortable and nonthreatening to the prospective clients.

I also feel that it is my responsibility to determine how an interview should be handled. Should I chat a few minutes with the prospective client or should I get on with the interview? Some clients are very quiet and do not ask questions, therefore I feel that it is very important to explain to all clients what Goodwill has to offer and how the different programs work. Some people think Goodwill is a place where people do things with dirty clothing. It is also very important for the client to have some say in selecting his/her programs.

I think it is very important to be concerned about the total person. I want to know what they do when they leave Goodwill and how they spend some of their time. I want to know about their other problems and concerns so that I can make the proper referral.

I want to tell you a story of a young man enrolled in one of our programs. I will call him Joe. I had been noticing Joe for some time and I was concerned about him as a person and about the condition of his clothing. One day we started chatting and I asked him where he lived, if he lived alone and if there was a washing machine. Joe indicated that he lived alone in a building condemned to be torn down. He mentioned that there was no washing machine in the building. Now here was a young man with very little knowledge of independent living, no washing facilities and no clothes to put on if he washed the ones he had on. Joe was first floundering around in the community with no agency like Goodwill to help. I made a few telephone calls and got Joe some clothing and a place to live.

The staff working with Joe was very pleased with him because of his very good attendance and he was always on time. They never realized that the reason he never missed was because he had nowhere else to go and that he wanted to get out of that building where he lived.

Some professionals seem to think that if a person attends class everyday and is on time he/she is doing well as long as they do not cause any problems and do what they are supposed to do while they are there. But I feel that we have got to be concerned about the total person so that we can properly place the person and/or make the proper referral. A concern that was mentioned by someone in one of the other sessions was not being able to receive services.

You should not think that you are going to receive service right away when you come to Goodwill because we do have a waiting list. Funds seem to be always cut where they are needed the most.

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The question concerning race has also come up in the other workshops. I do not deal with race. The only time I ask a person about race is to check that little box on the application. My job is to provide the services needed by the individual as best as I can. And that decision is not based on race, but my concern for all people and my commitment to my job. I hope that I have been helpful to you by shedding some light on my responsibilities as an intake worker and how I work with prospective clients.

Recognizing and Coping with Prejudice

by

Lloyd Jackson

I am a Principal at Park high school in Racine, Wisconsin. In our high school, we have some students who are educable mentally handicapped, who have a learning disability, who have a hearing impairment, who have a speech impediment and who have a behavior disorder.

There was a young man in our school who came to us at the age of 18 and stayed until he was 21 years old. We are going to call this young man Bill. We did not do very much for Bill academically, but we did help him a great deal socially. Bill had spent most of his life at home with his family and there was a real need for him to get away from his mother's apron string. When Bill was at home, this family did everything for him; therefore he never learned to do anything for himself.

But school was a different story for Bill. The students did not care anything about Bill's handicap. They treated him the same way they treated any other student. If Bill fell on the ground, he was given the responsibility to get up by himself, or to remain on the ground. You know, children can be very mean. No one followed Bill around all the time to be sure he got to the right class and to be sure he got there on time. That was Bill's responsibility. Bill even learned to smoke. I am not saying smoking is good or bad, but I am saying that Bill was one of the students and that was one of the things the students did on their way home from school. That is, the students treated him the same as they treated each other.

I do not have any ready answers for recognizing and handling prejudice. But I will do what I can.

First, let us take a look at some of the definitions of prejudice. Prejudice is thinking ill of others without sufficient warrant. Allport defines prejudice as a pattern of hostility in interpersonal relations which is directed against an entire group or against its individual members; it fulfills a specific irrational function for its bearer. Prejudice is defined in Webster's dictionary as an injury or damage resulting from some judgement or action of another in disregard for one's rights. It is an irrational attitude of hostility directed against an individual, a group, a race or their supposed characteristics.

I noticed that the theme of the workshop is "I need, you need, we need each other". I have decided to turn that around to I know (that is, I know some of the needs and problems of Blacks, Hispanic and Native Americans, and I know how some of the needs and problems that should be dealt with), you need to know (that is, if you are going to do an effective job in providing the services for Blacks, Hispanic and Native Americans developmentally disabled persons, you need to know their concerns, their problems and their priorities) and the question is - do you want to know? Do you want to know how the Blacks, Hispanic and Native Americans developmentally disabled see you and the agency you are representing? Do you want to know how you are turning off your clients? Do you want to know, in fact, if you are successfully meeting all or any of their needs?

In working with Blacks, Hispanic and Native Americans developmentally disabled persons and their guardians, do not try to get inside that person to understand them, but instead get inside yourself, understand yourself, try to understand where you are coming from and why. Know yourself.

If you discover that you have prejudices that might be handicapping to the persons that you are trying to serve, work on those prejudices if you want to help your client, if not, I suggest that you seek other employment.

If you are seriously interested in your clients and you are interested in the quality of work that you are doing, do all that you can to get to know your clients, what they want, what they need, and how they feel it should be gotten. In order to find the answer to these questions, you will need to go to the experts. The experts are the Blacks, Hispanics and Indians in your community. They might not have a college degree or a high school diploma as far as that is concerned. Nevertheless, it is up to you to seek them out and get the help of the Blacks, Hispanic and Native Americans developmentally disabled persons you are working with and serving. They have a meaningful contribution to make and should be asked to involve themselves in those matters that concern their welfare.

As a Black person, I believe that we will always have some problems. There is an old saying, "Your blackness will go with you from your cradle to the grave."

Blacks, Hispanic and Native American persons have a difficult time as it is in society, but if you are a minority and disabled there are even more strikes against you.

In your agency, you will find many staff persons who are unwilling to go into the community to work with Blacks, Hispanic and Native American persons. If the Blacks, Hispanic and Native Americans person will not come to you, it is your responsibility to go to them. I also feel, if an agency is directing its

services to a given population and a given community, there should be staff persons hired in some meaningful capacity from that community.

As I mentioned earlier, in order to work effectively with Blacks, Hispanic and Native Americans developmentally disabled persons, we must set our prejudices and misconceptions aside. By getting to know the persons we will be able to understand their feelings, attitudes and need. And until you do understand those needs, you will not be able to properly work with or involve them in the human service delivery system. In so doing, it is very important that you make a distinction between what the Blacks, Hispanic and Native Americans developmentally disabled person wants and needs and what you think they want or need or ought to have.

TEACHING ABOUT INDIVIDUAL DIFFERENCES

by

Marlene Cummings

How children learn to think about themselves and others need not be a problem if taught in as many ways as possible that each person is a unique and extremely important member of the human family. Life, human life, is so precious, so valuable that we cannot afford to neglect the quality of that life.

My experiences with the INDIVIDUAL DIFFERENCES project are many. Ideas for developing something that would ultimately help children learn to just 'simply' like themselves and to start developing their ideas about self from their innate qualities, instead of leaving that development vulnerable to negative outside influences, started with my initial disdain for bigotry. The bigotry that labels and condemns individuals to a lifetime of personalities that started with a recognition of societal norms that excludes; that says you do not fit because you are "ugly," "fat," "dumb," "black," "too white," "the wrong religion," "disadvantaged," "poor," "illegitimate," and "crippled." Or, the bigotry that influences your own choices in friends, in careers and in your place in the world...that limits your right to believe as you wish.

Proof that I had to dedicate some small part of my life to a human service project that would ultimately enable children to make their decisions about themselves and others from a base of knowledge rather than ignorance was my exposure to the countless number of adults who were taught by others to think of

themselves as negative people. Many of them occupy spaces in mental institutions, in prisons, drug and alcoholic treatment centers and many of them are, by their own desires, occupying spaces in graveyards. The drain on human energy that prejudices of all types consume is inexcusable for an enlightened society in these changing and challenging times.

Destructive Interpersonal Relationships

The INDIVIDUAL DIFFERENCES project represents ten years of time, well spent, toward achieving that end. The project has experienced steady, permanent growth in the Madison Metropolitan School District. This amply validates my basic assumption and belief that people are more interested in positive human relationships than in negative and destructive ones. Destructive interpersonal and intergroup relationships are a direct result of a void in education about human differences. People can only be what they know. The fact that the INDIVIDUAL DIFFERENCES handbooks had to be rewritten several times to eliminate biases not apparent to the authors until pointed out by people feeling the injustices is a clear example of people wanting the best in human relations for children but limited in their own perceptions about human differences.

What are some of our successes? One very real hurdle has essentially been eliminated. That hurdle: "the thought that teaching about differences in lieu of similarities is wrong because it makes the difference stand out as negative." Parents, teachers and support service people who have used the project have found that acknowledging the uniqueness of people, learning more about the many ways individuals differ, has enhanced their level of respect for differences in their own homes, classrooms, Scout organizations and in other institutions

serving children. Also, their relationships with self and other adults have improved.

Teachers have become more conscious of having had biases for or against children of varying body sizes, sexes, skin colors, socio-economic groups and learning abilities. This awareness has made them consciously respect the differences of all children.

Religious holidays are being handled with much more discretion out of respect for the children from minority religious or belief systems. Some teachers just never thought that joyful national holidays could be a source of extreme discomfort for those children who are not a part of the majority group religion in this country, unless it could also be confirmed that their commemorations were also important and worthy of recongnition.

Children With Special Needs

A very beautiful and significant reward from working with this project is to see children with hearing aids plainly drawing in the hearing aids when making self-portraits because they know it is important to include everything that is a part of them. Or, seeing black children in classes of all white children carefully blend colors of brown and black paint until their skin color is nearly matched for drawings of self. For a child from a single-parent family to draw a picture of that family without being tempted to add another parent means that classroom teachers have taught, very carefully, that differences are an expected and natural part of the human experience.

I would like to say that the project has eliminated all name calling. It has not. But what it has done is to provide children with reasons why name calling is negative and has acquainted them with some of the possible results of name calling. In addition, it has furnished them with alternatives to feelings of hurt or anger when called names by giving them another way to think about name calling. In a sense, children should be able to say that names will not hurt you unless you let them by thinking about them in the wrong way.

Children need knowledge about destructive human behavior such as prejudice to prevent negative behaviors from hurting them. It is a real joy to hear a girl challenge boys by stating, "you're stereotyping me" when they try to relegate her to play activities thought to be for girls. Or, to hear a fat child defend him or herself from exclusion in an active game by reminding the others that they are being prejudiced.

Cultural Diversity

When asked if INDIVIDUAL DIFFERENCES allows for cultural diversity to be taught because there are no apparent units on Blacks, Native Americans, Hispanics and Asian Americans, the response is that diversity is apparent in all of the objectives. For example, if teaching the concept that all families are different, teach about cultural differences as they pertain to that concept. If teaching that all people have different beliefs, teach about the cultural differences as they pertain to that particular concept, etc. We do not polarize any groups from the human family but include differences where it is pertinent. The last objective does help children understand that individuals do make up groups and many groups have contributed to the development of this country.

SUMMARY

by

Judith McGuire

The panel on Recognizing and Handling Prejudice focused on how we (persons working with low-income and minority individuals) should deal with our prejudices. Specifically, the panel mentioned the following:

1. We must accept the fact that prejudices exist and we must work to identify and eliminate them in ourselves.

2. We must look at and recognize the differences that each person has but go beyond the external to the internal person.

3. We must look at all the needs of a person rather than a fragmentation of these needs.

4. We must be familiar with and learn about different cultures.

5. We must encourage low-income and minority persons to participate on board, councils and so on.

6. We must recognize our own prejudices before we can teach others to overcome theirs.

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OUTREACH TO MINORITY FAMILIES

Outreach to Minority Families (A Parent's View)

by

Cathy Simpson

Since the beginning of my son David's life, I have had to cope with the fact that I would need help from sources other than my husband, my church, my family, and my friends. When it was believed that David was retarded, all of the institutions and people mentioned were there. When it it was confirmed that he was retarded, all of these people were important.

After David's birth, my pediatrician was a big help inasmuch as he referred me to a doctor who worked with disabled children. The doctor talked to me about my son while a couple of medical students sat in on the interview. I felt a bit uneasy about having the students present and I do not recall whether I was asked if their presence would bother me. At any rate, I was told that I should try to find a babysitter and that I should go back to work because my son wouldn't need intensive stimulation until he was six months old.

Shortly after that visit, David was in the hospital again with a blood infection. He was about three weeks old. He stayed in the hospital for twenty-one days. My pediatrician would call me and my husband at home to give us a medical report on his progress. I had him baptized because there were life and death concerns about his health. He made it. I will never forget the extra time and the concern that the doctor showed my family.

My maternity leave was quickly coming to a close and we wanted David in a situation that would help him the most. We asked family and friends for help and we checked the phone book for listings of agencies helping retarded individuals. Through phone listings we found an agency and through the agency and a family friend, we made contact with two agencies that would possibly meet our needs. An appointment was made at one of the agencies because infants were accepted on a full day basis and because the programs were geared for children with developmental delays.

There were problems getting the person in charge of programming. When I or my husband would call, the party concerned would be busy, not in the office, etc. Finally the secretary was told that we would like to speak to that person's superior. The party was miraculously reached. An agency representative visited us in our home; we toured the facility and discussed the objectives of the program and David was placed with the agency after a brief visit. David was about three months old.

Generally, I cannot praise the place where my son has gone to school enough. It has an excellent program. However, the one memory that stands out in my mind is the secretary and how I was ill at ease bringing David to school. The lobby was her "territory" with points of non entry by parents. She could be a bit abrupt and it took me quite a while to get used to her manner. I had to learn not to feel intimidated by her manner. I also had to learn to ask questions and not fear any negative consequences.

During David's first few months, my husband and I separated, later to divorce. My home environment was totally disrupted and the stability that David received

at the school and the help that I received from going to parent meetings helped hold me together.

David is finishing his final school years with the agency. He will be attending public school in the fall. I had to go through the multi-disciplinary team process recently. I had to come to grips with the fact that my son would be leaving a small agency and entering the educational bureaucracy of Milwaukee Public Schools. Let's just say that after three years of stability for David and I, his leaving his present school will be a jolt for me. I had a good M-Team; however, some of the paper work I received had certain clerical errors or oversights in the form of assumptions which gave me a feeling of patronage. It was assumed that I would sign a blank Team Report where the parent signature was requested. The team manager did not have the form at the meeting, and I didn't sign it when it came to me with no data on it. There was only a note "please sign the form at X and return as soon as possible". The second time that I saw the form was at the Program Conference where my name was incorrectly listed, David's chronological age was incorrect, and no indication was given that I was present at the staffing. Too many times minority parents are considered unconcerned about their children. I wanted to be on record as having attended my son's conference but I do not believe in signing any form which will contain important data while it is blank. It was an insult to me to ask me to do so; furthermore, the errors that appeared later would have been written over my signature. Because David is retarded, comparisons in his development have and will be made based upon his chronological age versus his mental age. That was a gross error. I asked that the report be retyped. It was, I signed it, but I haven't received a copy. I did attend a Program Conference at the school suggested for my son. I would not sign any program authorization forms until I could view

the program, find out the attitude of the teacher toward the kids, and find out the attitudes of the so called "normal people" in the school toward the children. I called the city-wide Zone Administrator for Example Education telling him that I liked the program; however, I had to write to him to get my notice of Placement Decision and Parent Authorization form. That form is the last step in the placement process. David will go to school four days a week. I need a babysitter who will care for a disabled child.

I am concerned about the busing because David has not been bused before to and from school. There were a lot of problems during the winter months concerning transportation of exceptional children.

When my other child, also a boy, was born, I could only think about how I will raise my black child to survive in a society that is basically hostile to our race. We are raised to survive in this society, and sometimes it is very frustrating! I hope that my boy will have a solid enough background at home and educationally that will enable him to tackle any obstacle that may be put in his way to get the part of the American dream that he desires.

My baby is a minority within a minority. He is black and he has a mental disability. He will be limited in what he can do and in the degree he will be able to detect one's hostility or concealment toward him as a person. I am concerned about how "normal people" will treat him and how he will cope with life as an adult. I am afraid for him. Ignorance about retarded persons transcends race and economic status.

When I approach an agency for help, I am skeptical. Systems that provide services for people depend a lot on politics and the economy. It seems that social services get zapped first when the budget gets tight. I am fortunate because I have had to deal with systems in my job. Black people have been subjected to rely on social systems in many ways for living needs. We can be studied, analyzed, and made into a statistic. The system can work to manipulate, frustrate or subjugate the people it serves. So let's just say that I'm wary and fearful as to how David will be served.

I would like to have my child treated as a human being by anyone he comes in contact with. I will expect him to get the service that is provided or said it is provided. I would also question where the buck stops should the occasion arise for passing on responsibilities. Who will monitor the functioning of the agencies as they perform their duties?

Finally, minorities, minorities with disabilities are studied and the findings are compiled and disseminated. People will discuss and finalize ideas but there is usually no action. It there is action, minority input has been excluded. I, as a parent, want to know what action will be taken after all of the rhetoric. The quality of my child's life is important to me.

Outreach to Minority Families

by

Marie James

In order to provide services to a minority family with a developmentally disabled member it is necessary for the person providing the services to know the needs of the family. It is also important to know what services might be available in the community, to know what other resources might be available and know the community. It is not enough to want to help the disabled person because you can not work with him without getting involved with the family. This should involve individual and family counseling.

What is an outreach worker? An outreach worker could be considered a community based individual who has ties to the community and possibly to an agency. An outreach worker has to be in tune to what is going on in the minority community in order to be in a position to provide services. This means understanding the social and medical needs of the community. It also means educating minorities to the term developmental disability and the meaning behind such terms as emotional and mental handicap, learning disabilities, Down's Syndrome, epilepsy and autism. Education should encourage some minority families to seek services for their family members who would otherwise not have been aware of what they need.

With this brief introduction, I will go into some of the mechanics that are necessary for providing effective services to the minority clientele.

What are the needs of minority families who are seeking services for the developmentally disable person? One of the most basic ideas a worker should be able to transmit to a family seeking services is that someone cares about his special situation and is willing to assist. The first contact person, a secretary or receptionist, makes the decision whether a prospective client will stay, return for services or call back. I am talking about common courtesy and geniune concern. If the first contact person is in a bad mood or having personal problems, unintentionally this attitude could be passed on to the person sitting in front of her or picked up by her tone of voice over the phone. So it is important to check your own feelings when dealing with people who are seeking services.

Minority families need to be familiar with the disability of their family member. This means the worker should not assume that just because the mother or father has a disabled family member, he/she knows what that disability is. This level of understanding should be established before an attempt is made to suggest services are available. Once the problem is defined, then steps should be taken to make proper referrals. This would include what treatment programs or doctor would best serve their needs or what kind of financial assistance (government or private) could assist them in their medical cost. Another important need that the outreach worker should be aware of is the need for child care as well as transportation to and from doctor appointments, staffing or meetings of family support groups. These needs show again how a worker is not just working with the disabled person but working with the total family.

There are several barriers that a worker confronts in his attempt to supply services. But depending on the worker's sensitivity will make the difference how the problems are handled. One of these barriers is language. An important consideration is that each agency should have a bilingual staff person. Nothing is more frustrating than to have a Spanish speaking person go to an agency and there is no worker who speaks Spanish. For the worker to put himself in their shoes it would be safe to say, that in the first place for the minority person to leave the security of his home or environment to look for services and have to ask for help is frightening. But for the Latino who speaks little or no English, the door has been closed even tighter. Language can also be a barrier if the worker does not hear what the handicapped person is saying or does not know what his needs might be. Communication is a large factor in establishing any type of openness. If the worker is not in tune or is not certain what the disabled person needs, the worker is at a disadvantage and this could be interpreted by the handicapped person that the worker does not care. On the other hand, the disabled person needs to establish some type of rapport with the worker, thus having the worker and the person functioning as a team.

There is another example of a language barrier and this could exist with the Black clientele. It is felt that Blacks have a language of their own which is used in the form of slang. It would be in the best interest of the individual and the worker if the worker became familiar with the meanings but not get caught up in using the slang if it is not a part of the worker's everyday vocabulary. This could be misunderstood by the minority person as the worker making fun of his speech.

Another barrier confronting the worker is the difference in culture and attitude. In order for the worker to communicate with the disabled person, it would be a good idea for the worker to understand the disabled person's action(s) and their reasoning. This is where the worker's attitude has a direct bearing on her relationship with the client. I am talking about values. In many ways we are slaves to our habits and beliefs. What might be acceptable to us is not necessarily acceptable to someone else. One suggestion is for the worker to re-evaluate his values and his standards, and not necessarily use them as a guide in working with the disabled person or family. Once a worker starts to project his values onto the person, there will be a withdrawal of trust and a feeling that the person does not measure up to the worker's standards. Some worker might have a negative view toward disabilities in general that could effect the delivery of services. In situations such as these, the worker is handicapped with a mental disability and has set limited standards upon himself.

An important element in providing outreach services to minorities is understanding the fears of the disabled individual and the family. There are reason(s) why minorities do not take advantage of resources. They are not aware what resources might be available and, if they do not know where to go, they might not get any services. This can be changed by having the agency take more of an active role of public relations work in the minority community. This means using radio, television, pamphlets, newspapers or whatever means it would take to make the community aware of help available for their disabled family member. This would also mean personal outreach contact in the neighborhood. Another reason resources are not utilized is because of the racial barriers. Some minorities feel that because they are minorities and possibly on a low or fixed income, they will be

looked down upon and just get the run-around when seeking services. Some minorities workshops. Agencies should also make sure their staff is abreast of the latest government requirements and programs geared to the developmentally disabled, as well as keeping an updated file. Keeping in touch with the community that services the disabled population is one way the service providers are aware of what is needed to be effective in providing services.

One last point for the worker to remember is that one day he/she could be sitting on the other side of the desk seeking services.

RECOMMENDATIONS

RECOMMENDATIONS

The main objective of this workshop was to bring together minority consumers and personnel from provider agencies. This approach was quite unique and innovative when considering traditional formats of conferences.

The following recommendations are made as a result of the Wisconsin Minority Sensitivity Workshop:

1. There should be a permanent full-time minority person hired to coordinate statewide activities concerning minority and developmental disabilities sensitivity workshops.

2. Workshops should be planned statewide (developed according to the need of the specific community) for developmental disabilities personnel as well as minority clients, in order to establish a better line of communication, specifically, the workshops should be planned for the following:

   a. Intake Workers
   b. Clerical Personnel
   c. First-line Supervisors
   d. Teachers
   e. Doctors
   f. Nurses
   g. Physical Therapists
   h. Supervisors
   i. Administrators
   j. Legislators
   k. Minority Consumers

3. Ongoing minority sensitivity training programs should be considered as a part of the job requirement for personnel working with developmentally disabled individuals.

4. Additional workshops should focus on providing consumers with information concerning their individual disability, their legal rights and available services.

5. There should be workshops involving both consumers and personnel which focus specifically on communication techniques.

6. A directory of resources for developmentally disabled clients should be developed for each county so that clerical staff, intake workers, etc. can make adequate referrals.

7. Recruit minority and/or developmentally disabled persons to serve on the board of directors that make funding decisions.

8. A study should be done to determine how the paper work can be minimized allowing the counselor more time to work with the clients.

9. A study which focuses on the attitudes of personnel working with developmentally disabled individuals would perhaps shed some light in the area of insensitivity.

10. There should be workshops involving both consumers and personnel covering the following:

    a. How consumers can organize to have more clout.
    b. How professionals can surmount systemic obstacles.
    c. How the needs of disabled people can be politically translated.
    d. How to improve and encourage minority participation in the human service delivery system.